

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/470276

FILING DATE

12-22-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	/						52						
3							53						
4	/						54						
5	/						55						
6							56						
7							57						
8							58						
9							59						
10	/						60						
11							61						
12							62						
13	/						63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33	/						83						
34							84						
35							85						
36	/						86						
37							87						
38	/						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	28						TOTAL DEP.						
TOTAL CLAIMS	39						TOTAL CLAIMS						

PTO FORM 10-101

U.S. DEPARTMENT OF COMMERCE